STATEMENT OF

FORM 1	ORGANIZ (See instruc			Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, ty over the lines	pe 12FE4M5	
New South Le	adership PAC			
				
ADDRESS (number and	street) 501 Capitol Court	NE 		
(Check if address is changed)	#100			
	Washington		DC	20002
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	CongressmanGKE	B@aol.com 		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if addres				
is changed)	1			
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER	C C00452763		
4. IS THIS STATEM	NEW (N)	AMENDED	(A)	
I certify that I have exam	ned this Statement and to the best of my l	knowledge and belief it is true, co	orrect and complete	
Type or Print Name of	Treasurer GK Butterfield	l		
Signature of Treasurer	Electronically Filed by GK But	terfield	Date 0 3	31 / 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information	may subject the person signing t	·	-
Office Use Only		For further information (Federal Election (Toll Free 800-424)	Commission -9530	FEC FORM 1 (Revised 02/2009)